

Declaration and Power of Attorney Under Patent Cooperation Treaty 35 USC §371(c)(4)

As a below named inventor, I hereby declare that:

my residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named below) of the invention entitled: MAT FOR REDUCING THE DISTURBANCE OF PARTICULATE MATTER AND LIQUIDS BY WIND described and claimed in international application number PCT/AU2004/001535 filed 5 November 2004 and as amended on _____ (if any), the specification and claims of which I have reviewed and understand and for which I solicit a patent.

I acknowledge my duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a), and that no application for patent or inventor's certificate on this invention has been filed in any country foreign to the United States of America prior to my international application by me or my legal representatives or assigns, except as follows:

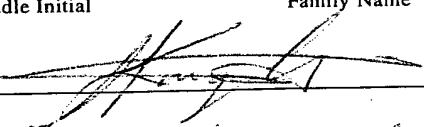
AU 2003906097 5 November 2003

The priority of the above applications (if any), filed within a year prior to my international application is hereby claimed under 35 USC 119. I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Reg. No. 27,075; William P. Berridge, Reg. No. 30,024; Kirk M. Hudson, Reg. No. 27,562;
Thomas J. Pardini, Reg. No. 30,411 and Edward P. Walker, Reg. No. 31,450

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3	Full name of Sole or First Inventor	SIMON	PETER	KNIGHTLEY
	Given Name	Middle Initial	Family Name	
*4	Inventor's Signature			
*5	Date of Signature		August	14
		Month	Day	Year
6	Residence	View Bank	Victoria	Australia
	City	State or Province	Country	
7	Citizenship	Australian		
8	Post Office Address (Insert complete mailing address, including country)	8 Kurrajong Close, View Bank, Victoria, 3084, Australia		

*Note to Inventor: Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

3 Typewritten Full Name of Second Joint Inventor (if any)	WARREN	LACHLAN	McGREGOR
	Given Name	Middle Initial	Family Name
*4 Inventor's Signature	 _____		
*5 Date of Signature	 _____		
	Month	Day	Year
*6 Residence _____ City	Victoria	Australia	
State or Province			
Country			
*7 Citizenship _____	Australian		
8 Post Office Address (Insert complete mailing address, including country)	3 Douglas Street, Toorak, Victoria, 3142, Australia		
3 Typewritten Full Name of Third Joint Inventor (if any)	GREGORY	NORMAN	PETERS
	Given Name	Middle Initial	Family Name
*4 Inventor's Signature	 _____		
*5 Date of Signature	 AUGUST 14 2006		
	Month	Day	Year
*6 Residence _____ City	Victoria	Australia	
State or Province			
Country			
*7 Citizenship _____	Australian		
8 Post Office Address (Insert complete mailing address, including country)	Level 1, Suite 4, 844 Nepean Highway, Hampton East, Victoria, 3188, Australia		
3 Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
*4 Inventor's Signature	 _____		
*5 Date of Signature	 _____		
	Month	Day	Year
*6 Residence _____ City	State or Province	Country	
Country			
*7 Citizenship _____			
8 Post Office Address (Insert complete mailing address, including country)			
3 Typewritten Full Name of Fifth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
*4 Inventor's Signature	 _____		
*5 Date of Signature	 _____		
	Month	Day	Year
*6 Residence _____ City	State or Province	Country	
Country			
*7 Citizenship _____			
8 Post Office Address (Insert complete mailing address, including country)			

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 This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

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Under Patent Cooperation Treaty
35 USC §371(c)(4)**

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3 Full name of Sole or First Inventor	<u>SIMON</u>	<u>PETER</u>	<u>KNIGHTLEY</u>
	Given Name	Middle Initial	Family Name
*4 Inventor's Signature			
*5 Date of Signature	Month	Day	Year
6 Residence	<u>View Bank</u>	<u>Victoria</u>	<u>Australia</u>
	City	State or Province	Country
7 Citizenship	<u>Australian</u>		
8 Post Office Address (Insert complete mailing address, including country)	<u>8 Kurrajong Close, View Bank, Victoria, 3084, Australia</u>		

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3 Typewritten Full Name of Second Joint Inventor (if any)	Given Name	Middle Initial	Family Name
	WARREN	LACHLAN	McGREGOR
*4 Inventor's Signature	 WARREN LACHLAN McGREGOR		
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	SEPTEMBER	FIFTH	2006
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*7 Citizenship	Australian		
8 Post Office Address (Insert complete mailing address, including country)	{ 3 Douglas Street, Toorak, Victoria, 3142, Australia PO BOX 668 TOORAK VICTORIA 3142 AUSTRALIA		
3 Typewritten Full Name of Third Joint Inventor (if any)	Given Name	Middle Initial	Family Name
	GREGORY	NORMAN	PETERS
*4 Inventor's Signature			
*5 Date of Signature	Month	Day	Year
*6 Residence	City	State or Province	Country
	Hampton East	Victoria	Australia
*7 Citizenship	Australian		
8 Post Office Address (Insert complete mailing address, including country)	{ Level 1, Suite 4, 844 Nepean Highway, Hampton East, Victoria, 3188, Australia		
3 Typewritten Full Name of Fourth Joint Inventor (if any)	Given Name	Middle Initial	Family Name
*4 Inventor's Signature			
*5 Date of Signature	Month	Day	Year
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*4 Inventor's Signature			
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